PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10811769

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T-7	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(COIL	(Column 2)		TYPE		OR	SMALL	MALL ENTITY	
TOTAL CLAIMS			2x					RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2K minus 20=		•			X\$ 9=	72	OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=	47	OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT	·				+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	column 2	L	TOTAL	<u> </u>	OR	TOTAL		
			,		•	OTHER	THAN						
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		· X\$ 9=	•	OR	X\$18=		
	Independent	*	Minus	***	CI AINA	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	·	OR	+290=		
ı								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
В	-	CLAIMS REMAINING		HIGHE	ST		lr	I	ADDI-	ı		ADDI-	
AMENDMENT		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	** .	-	=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UA			
								+145=		OR	+290=	•	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATÉ 1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	independent	*	Minus	***		=	-	X43=			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	A00=		
• 14	the estadia actua	1 is less than th					Ŀ	+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF THE PROVIDED HER THE PROVIDED HE										OR ,	TOTAL DDIT. FEE		
**** 	rtne "Highest Nur The "Highest Num	nber Previously Pa ber Previously Paid	id For IN THIS I For (Total or	S SPACE is Independer	less than nt) is the i	i 3, enter "3." highest number			opriate box				